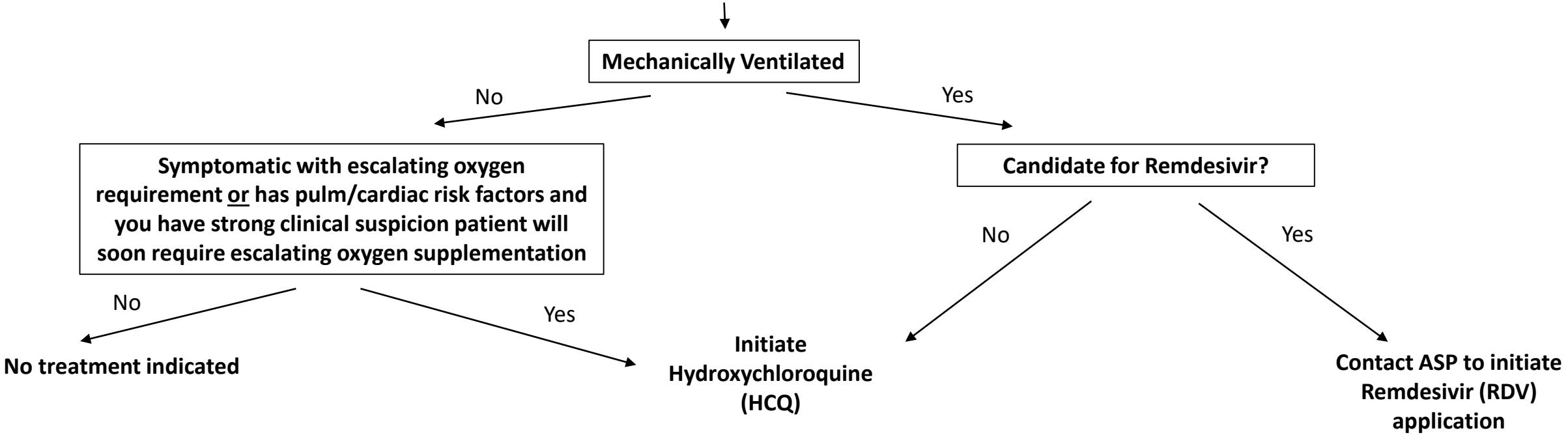
SARS-CoV-2 PCR Positive AND Admitted



HCQ Summary

- **MOA**: In vitro activity against virus/help decrease cytokine production
- **Dose**: 600 mg PO Q 12 hrs x 2 doses, followed by 400 mg PO Q 24 hrs x 4 doses (can be crushed if necessary) — 2 orders will need to be placed in Allscripts for day 1 and then days 2-5. Does not require renal or hepatic dose adjustments
- **Side effects**: Well tolerated, GI most common, **QTc prolongation (baseline ECG needed, monitor closely)**; less common (chronic use) - retinopathy, thrombocytopenia
- **Indication**: Admitted SARS-CoV-2 patients with risk for clinical deterioration based on clinical judgment in non-intubated patients and for intubated patients who are awaiting study drug (remdesivir) approval or who do not meet criteria for remdesivir
- **Goal**: Decrease symptom duration, prevent clinical deterioration. All to be determined

RDV Summary

- **MOA**: Inhibits viral RNA polymerase
- **Dose**: 200 mg IV x 1 day, then 100 mg IV x 9 days (peripheral line is adequate). No dose adjustments necessary. Must have fluids available for hypotension.
- **Inclusion Criteria**: Hospitalized, PCR +, Mechanical ventilation
- **Exclusion Criteria:**
  - Evidence of multi-organ failure
  - Pressor requirement to maintain blood pressure
  - ALT levels > 5 x ULN
  - CrCl < 30 mL/min or dialysis or CVVH
- **Monitoring Parameters:** Serum chemistries, LFTs, CBC, prothrombin time, urinalysis to be monitored daily. Must be discontinued if patient has ALT > 5 ULN or CrCl < 30 mL/min
- **Note**: Will need to stop HCQ if approved for remdesivir. Avoid NSAIDs if possible

Questions please contact:
Antimicrobial Stewardship or
Infectious Diseases
Via
Mobile Heartbeat

NewYork-Presbyterian
Queens